



e-PHARMACY CLAIMS INSURANCE PROCESS

USER GUIDE

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VHA e-Pharmacy Insurance Processing Maintenance Functions

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1.0 Introduction

Purpose

The purpose of this manual is to introduce the reader to the NCPDP (National Council for Prescription Drug Programs) claim transaction and the enhanced version of the VistA software, which now enables the use of that transaction for Veterans Health Administration (VHA) pharmacy claim submission.

Background

VistA has been enhanced to support real-time electronic claim submission for outpatient pharmacy items by utilizing the NCPDP version 5.1 HIPAA compliant transaction. The NCPDP transaction is the national standard format used for pharmacy claims for all payers. VistA has been modified to provide all data elements required for the NCPDP transaction in the standard format.

HIPAA is the Health Insurance Portability and Accountability Act enacted by Congress. It became effective October 16, 2003, for electronic transactions for all covered entities. Covered entities are payers, providers and clearinghouses which submit or receive electronic transactions. The claim transaction is only one of several transaction types. The HIPAA regulation defines the national standard for transaction structure, format, and data element content.

Terminology

The following terms relate to the NCPDP transaction and affect claims processing:

BIN Banking Identification Number

Pharmacy Plan's Bank Identification Number required for NCPDP transmissions. This number is required in every electronic claims transaction and is provided by the payer

PCN Processor Control Number

This number is not necessarily present in every electronic claim transaction. However, if a payer requires the number, it must be included in every transaction for that payer.

Payer Contract

Most payers require a mutually agreed upon signed contract between themselves and the VHA in order for the VHA to transmit that payer's claims electronically. Any attempt to transmit claims to payers lacking a signed contract will result in rejected claims.

The contracts may specify charges associated with doing business with the payer. If such charges exist, they are the responsibility of the individual site.

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Processor

This term refers to the entity adjudicating the pharmacy claim. This may be a PBM (Pharmacy Benefits Manager) who in this case would be the processor.

Payer Sheet

The payer sheet is a document provided by the payer to the provider listing all of the data elements used in the NCPDP claims transaction and specifying whether those data elements are mandatory or optional in order to get claims into and through their adjudication system. Formatting requirements are included as well.

The payer sheet data is built into the WebMD clearinghouse database before it is downloaded into the VHA system for use. Currently, these payer sheets are handled solely by the developers, but the responsibility for testing new or updated payer sheets will become a site responsibility.

National Pharmacy Plan

This is a VHA term for a payer and its related information maintained at the national level. It also represents a database record containing data required for NCPDP claim processing maintained at and distributed from the national level.

NCPDP Number

This number is provided by the NCPDP and uniquely identifies each facility transmitting NCPDP claim transactions to payers. It is a required data element. It may also be referred to as the NABP number.

Standard NDC (National Drug Code)

The National Drug Code (NDC) serves as a universal product identifier for human drugs. The NDC assigned to a drug identifies the labeler/vendor, product, and trade package size. The first segment, the labeler code, is assigned by the FDA. A labeler is any firm that manufactures, repacks or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code identifies package sizes. Both the product and package codes are assigned by the firm.

HIPAA compliance requires that all NDC numbers sent in electronic claim transactions to payers adhere to the standard format. Payers will reject any claims containing NDC numbers in a non-standard format. The standard is an 11 digit code in the 5-4-2 format.

Rejection Codes

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A list of standard rejection codes is provided by NCPDP and are generated for each failed or rejected claim transaction. These codes aid the user in determining the problem causing the rejection so corrective action can be taken.

The NCPDP Rejection Code List is included in this document as Appendix C.

Certification

Some payers require certification testing prior to accepting live electronic claim submissions. Payers specify testing scenarios and conditions the provider must satisfy in order to obtain a certification number. Certification testing is handled solely by the e-Pharmacy software developer.

Other payers may request a few test claims be submitted to a test environment before accepting live claim transmissions. Sites may be requested to assist in this testing.

Clearinghouse

A clearinghouse is an intermediary along the electronic claim transmission route where the original format of the claim may be changed in order to meet specific payer requirements. This allows the provider to send all claims in a single format, regardless of the unique requirements of payers. The clearinghouse is a conduit between the provider and the payer.

Currently, the VHA uses WebMD as its clearinghouse. All NCPDP claims transactions pass from VistA via Austin FSC using an HL7 interface to WebMD then finally to the payer. The response from the payer is returned through WebMD to the VistA system.

WebMD also serves as the VHA's source for payer sheets. This means WebMD must have the payer sheet for a particular payer built into its computer system before the VHA can begin transmitting electronic claims to that payer.

Matching Process

The insurance matching process refers to those steps taken within VistA to link an insurance group plan to its associated National Pharmacy Plan. This matching occurs by associating the BIN/PCN, or in some cases just a BIN (as specified by the payer) of the pharmacy plan to the corresponding insurance group plan. The VistA software enhancement provides the screens and fields to accommodate this matching process.

Detailed instructions for the matching process appear in sections 5.1 and 5.2 of this manual.

ECME (Electronic Claims Management Engine)

The Electronic Claims Management Engine (ECME) V. 1.0 generates electronic claims in National Council for Prescription Drug Programs (NCPDP) V. 5.1 format based on the Outpatient Pharmacy V. 7.0 workflow. ECME V. 1.0 performs the following tasks:

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- It allows pharmacy users to submit, resubmit, and reverse electronic claims as necessary.
- It provides reports for end users and management on claims status, transaction history, and system configuration standings.
- It allows Automated Data Processing Application Coordinator (ADPAC) and Information Resources Management Service (IRMS) staff to configure ECME V. 1.0 to pharmacy site specifications.

Data Collection

BIN and PCN must now be obtained for each patient for whom an electronic pharmacy claim will be submitted. New fields have been created in VistA to record this data. The BIN and PCN may or may not be present on the patient's insurance identification card. If it is not present on the card, the information may be obtained by:

- Checking the payer's website where available, or
- Calling the payer on the telephone to obtain the BIN/PCN

Payer web sites and other contact information currently known to the VHA are listed in Appendix A and Appendix B of this document. .

Claim Rejections

Claims may be rejected by payers for invalid, incorrect or missing data or rejections may be caused by a transmission failure. Regardless of the cause of the rejection message, someone designated at each site must follow up as appropriate to satisfy the rejection deficiency or error condition in order to resubmit the claim. This is the essential role of the OPECC.

A list of the NCPDP rejection codes is provided in Appendix C of this document. These codes will assist the user in determining the cause of the rejection message.

OPECC – Outpatient Pharmacy Electronic Claims Coordinator

This is a designated individual at each site who will be responsible for monitoring NCPDP claims using the ECME module. The OPECC will resolve claim rejection issues with the appropriate parties, make data corrections, and resubmit claims.

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2.0 Accessing the e-Pharmacy Insurance Setup Options

Use the path below to access the e-Pharmacy Insurance Setup Options:

Select OPTION NAME: IBCN INSURANCE MGMT MENU Patient Insurance Menu

Select Patient Insurance Menu Option: ?

- PI Patient Insurance Info View/Edit
- VP View Patient Insurance
- EI Insurance Company Entry/Edit
- VI View Insurance Company
- BI Process Insurance Buffer
- EPH e-Pharmacy Menu ...
- ID Generate Insurance Company Listings
- IIV IIV Menu ...
- LC List Inactive Ins. Co. Covering Patients
- LP List Plans by Insurance Company
- MI Medicare Insurance Intake
- MV Move Subscribers to a Different Plan
- NC Verification of No Coverage Report
- NE Active Policies with no Effective Date Report
- NV List New not Verified Policies
- PM Payer Maintenance Menu ...
- RQI Remote Insurance Query
- WO Patients with or without Insurance Report

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select Patient Insurance Menu Option: **EPH** e-Pharmacy Menu

The following screen will appear:

Select e-Pharmacy Menu Option: ?

- EHNF Edit HIPAA NCPDP FLAG
- ENP Edit NCPDP PROCESSOR APPLICATION Subfile
- EPAY Edit PAYER APPLICATION Subfile
- EPBM Edit PBM APPLICATION Subfile
- EPLA Edit PLAN APPLICATION Subfile
- MGP Match Group Plan to a Pharmacy Plan
- MMGP Match Multiple Group Plans to a Pharmacy Plan
- MTPS Match Test Payer Sheet to a Pharmacy Plan
- RGPW Group Plan Worksheet Report
- RPP Pharmacy Plan Report

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select e-Pharmacy Menu Option:

NOTE: You must have the IBCNR Supervisor key (new with this release) to view or access these functions, with the exceptions of Group Plan Worksheet Report (RGPW) and Pharmacy Plan Report (RPP).

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3.0 Print Insurance Listing for Matching

3.1 e-Pharmacy Group Plan Worksheet Report

Note: This report should be run before beginning the matching process!

This report is designed to enable a user to determine which payers should be matched first. The determination may be based either on the number of claims generated for a payer or the dollar volume represented by a payer's claims.

The system searches through the VistA Billing/Claims file with a date range entered by the user compiling a list of active insurance companies with active group plans that indicate pharmacy coverage. This list is retained and may be re-used for subsequent reports, or the list may be re-compiled if necessary. This report takes a considerable amount of time to compile. The following criteria are also applied in the search:

- a) The insurance company must be Active.
- b) The insurance company must be linked to a bill/claim with a status of Authorized.
- c) The group plan must be Active.
- d) The group plan must have pharmacy plan coverage and the plan coverage status must be set to Covered.

This report may be sorted by:

- Insurance Company in alphabetic order
- Number of authorized claims starting with payers of highest volume to lowest volume
- Total Charges starting with payers having the most total charges to the least total charges.
- Exceptions Only

Running the Report for the First Time

The first time this worksheet is generated, the user will be prompted to enter the Start Date and End Date as illustrated below. If this report has been previously run, proceed to the section entitled Running Subsequent Reports.

ePHARM GROUP PLAN WORKSHEET REPORT

NCPDP process requires that the users match Group Plans to Pharmacy Plans.
This report will assist users in matching Group Insurance Plans to Pharmacy Plans by searching through Billing/Claims file for authorized claims that have Group Plans with active Pharmacy Plan coverage.

Start DATE: 010100 (JAN 01, 2000)
End DATE: 030100 (MAR 01, 2000)

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- 1) Run the Group Plan Worksheet Report [IBCNR GROUP PLAN WORKSHEET] option from the e-Pharmacy Menu

Select RGPW: Group Plan Worksheet Report.

Enter the Start Date: Beginning date for the search through the Bill/Claims file.

Enter the End Date: Ending date for the search through the Bill/Claims file.

The following screen will display for selection:

Select one of the following:

- 1 Insurance/Group
- 2 Total Claims
- 3 Total Charges
- 4. Exceptions Only

Select the primary sort field: **1// Insurance/Group**

- 2) Select one of the following sort options for displaying the data:

- Insurance/Group, will display all insurance/groups in alpha order by insurance company.
- Total Claims, will display all insurance/groups starting with those having the largest number of authorized claims
- Total Charges, will display all insurance/groups starting with those having the highest total charges
- Exceptions Only, will display any BIN/PCN matching discrepancies

The following screen will display:

DEVICE: HOME// VIRTUAL TELNET LINK

Compiling report data

- 3) Select an output device defined on the system.

Example: ePHARM GROUP PLAN WORKSHEET REPORT

ePHARM GROUP PLAN WORKSHEET REPORT Jul 20, 2004@09:43:07 Page: 1

Claims with Pharmacy Coverage Sorted by: Insurance/Group

01/01/2004 - 06/30/2004

Insurance Company Name

Insurance Company Address

Group Name/Number

Pharmacy Plan BIN PCN

=====

AAA CLAIMS SERVICES UNIT

ATTN: JANE KNU, DEARBORN, MI 48126

<blank>/<blank>

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AARP
M-3/0/100

ACTIVA BENEFIT SERVICES
EMG/EMG

ANTHEM PRESCRIPTION MANAGEMENT PO BOX 145433,CINCINNATI,OH 45250
BAYER CORP/<blank> ANTHEM HOUSE ACCOUNT 610575 00890030
610575 00890030

Note the following on this report:

- Two lines of information display for each insurance company record.

The insurance company name and address will display on the first line.

If the group plan has been matched to a pharmacy plan, the second line will display the pharmacy plan and the related BIN and PCN for the pharmacy plan

- The report header displays the chosen sort option (**Insurance/Group**) and the date range (**01/01/2003 - 06/30/2003**) for the sort.

Running Subsequent Reports

For subsequent report generation, the user is prompted that report files already exist and the user may select the current report or request a new one.

- 4) Run the Group Plan Worksheet Report [IBCNR GROUP PLAN WORKSHEET] option from the e-Pharmacy Menu

Select RGPW Group Plan Worksheet Report

The following screen appears:

A Report file run on: Mar 25, 2004@14:54:21
exist for date range: 01/01/2000 - 01/07/2000

Do you want to use the existing report file? YES//

Select one of the following:

- | | |
|---|-----------------|
| 1 | Insurance/Group |
| 2 | Total Claims |
| 3 | Total Charges |
| 4 | Exceptions Only |

Select the primary sort field: 1// 3 Total Charges

The system displays the date/time that the existing report was compiled and its date range.

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5) The user is prompted to respond:

Do you want to use the existing report file? : Enter: Yes or No.

YES System will use the data for the existing date range and ask the user to choose a sort option for the data.

NO System will DELETE the current worksheet data and ask the user to enter a new date range and sort parameters.

Note: Creating a new worksheet should not be necessary after initial matching is complete unless a need has been identified.

Note: If the Worksheet is already in use (another user is currently accessing the worksheet), the system will notify the user and ask the user to try again at a later time.

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3.2 Pharmacy Plan Report

This report provides a listing of all National Pharmacy Plans, and may be useful as a hard copy reference list.

The Pharmacy Plan Report [IBCNR PHARMACY PLAN REPORT] option is selected from the e-Pharmacy Menu screen, using the option name 'Pharmacy Plan Report' or the synonym 'RPP'. The Pharmacy Plan Report displays the list of pharmacy plans and has the option to sort the pharmacy plan by the name or the combination of BIN and PCN.

After the menu option is selected, the user will then be able to select the sort criteria and the output device. The report can be sorted by the Pharmacy Plan Name or the combination of BIN and PCN.

Select one of the following:

- 1 PLAN NAME
- 2 BIN AND PCN

Enter Report Sort Option: **1** PLAN NAME
DEVICE: **HOME** VIRTUAL TELNET LINK

User Input Fields

Enter Report Sort Option: Select sort option 1 to sort the report by the plan name or sort option 2 to sort the report by the BIN and PCN. The example above demonstrates the selection of sorting by the Plan Name.

DEVICE: Select an output device defined on the system.

The following screen shows the first page of the report sorted by the plan name.

PHARMACY PLAN LIST BY NAME		MAY 5,2004 13:40 PAGE 1	
PLAN ID	PLAN NAME	BIN	PCN
VA98857	4D PHARMACY MANAGEMENT SYSTEMS	600428	01990000
VA101011	99 RESTAURANT	600428	01063154
VA97674	A AND A TRANSPORTATION	600428	01380042
VA100250	A AND J ENTERPRISES	600428	01380030
VA99534	A&I BENEFIT PLAN ADMIN	600471	2729
VA96913	A-1 ORANGE CLEANING SERVICE	600428	01068566
VA97991	A.L.P. LIGHTING & CEILING PRODUCTS, IN	600428	01062798
VA97013	A.R.E.	610029	ARERX
VA97037	AAA OF MICHIGAN AND WISCONSIN	900002	AMW ENV
VA98763	AAI/AGC	600428	02050098
VA100274	AAP SAINT MARYS	600471	2336
VA96981	AARCO ROOFING AND SHEET METAL	600428	01300383
VA99804	AARON MEDICAL INDUSTRIES ANCO	600428	01068656
VA99562	AARP SENIOR ENVIRONMENTAL EMPLOY PRO	600428	01061386
VA102381	AB SPECIALTY PACKAGING INCORPORATED	600428	01061894
VA98646	ABBAY PHARMACY NETWORK	600471	1451

The following screen shows the first page of the report sorted by the BIN and PCN.

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PHARMACY PLAN LIST BY BIN AND PCN MAY 5,2004 13:59 PAGE 1
 PLAN ID PLAN NAME BIN PCN

```

-----
T00010  WEBMD                               123456  1123456789
VA99944  INTERVALLEY HEALTH PLAN           400013  COM HDN
VA102894  MEDICARE                               400013  MED HDN
VA102097  BOSKOVICH FARMS                         400015  PPBS HDN
VA102569  RIO HOTEL AND CASINO WORKERS COMP       400015  RHC WC
VA102445  HOSPITAL INSURANCE PLAN OF NEW YORK     400023  HDN
VA99260  HART'S BIG BEAR                         400030  HDN
VA101053  LABOR ALLIANCE MANAGED TRUST FUND       400042  5268
VA101892  RX AMERICA 51 TEST PLAN                  400042  CLAIMS
VA97064  PCS TEST DHCCP                          447225  DHCCP
VA98012  AMERICAN PHARMACY NETWORK                600426  3A 7700630
VA98884  PBA - TRUECARE CASH CARD                 600426  3K
VA102724  SELECT SCRIPT                           600426  54 7700630
VA99640  CORCARE                                 600426  6C 7700630
VA96554  BC RX                                   600426  7B 7700630
VA103171  WALMART WORKERS COMP                     600426  CE 7700630
  
```

Report Header Definitions

Plan ID: This is the VA National Plan ID for the pharmacy plan.

Plan Name: This is the name of the pharmacy plan.

BIN: This is the Banking Identification Number for the pharmacy plan.

PCN: This is the Processor Control Number for the pharmacy plan.

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4.0 Insurance Group Plan Matching

4.1 Match Group Plan to a Pharmacy Plan

The Match Group Plan to a Pharmacy Plan [IBCNR PLAN MATCH] option provides the functionality to match a group insurance plan with its associated National Pharmacy Plan via the pharmacy plan's designated BIN (Banking Identification Number) and PCN (Processor Control Number).

The BIN/PCN are vital pieces of information in the NCPDP transaction. Claims will be rejected or fail to be transmitted without that data (PCN may not be required in every case, however). The clearinghouse uses the BIN/PCN information to route the claim to the appropriate payer.

- 1) From the e-Pharmacy Menu screen:

Select MGP Match Group Plan to a Pharmacy Plan

The following screen displays:

Select INSURANCE COMPANY: BLUE CROSS					
1	BLUE CROSS	PO BOX 38151 STATE HEALTH BEN. PLAN	ATLANTA		
	GEORGIA	Y			
2	BLUE CROSS	13 MAIN STREET	AUGUSTA	GEORGIA	Y
3	BLUE CROSS	PO BOX 7728	COLUMBUS	GEORGIA	Y
4	BLUE CROSS	PO BOX 4055	ATLANTA	GEORGIA	Y
5	BLUE CROSS	N			
Press <RETURN> to see more, '^' to exit this list, OR					
CHOOSE 1-5:	2	BLUE CROSS	13 MAIN STREET	AUGUSTA	GEORGIA Y

- 2) Select the insurance company

Enter: Line #: (1-N) corresponding to the desired insurance company

The system will scan the Group Insurance Plan File and display all groups associated with the selected insurance company (**Blue Cross**). The following selection criteria govern the search:

1. Group must be linked to the insurance company selected above.
2. Group must be Active.
3. Group must have Pharmacy Plan Coverage with a status set to Covered.

The following screen displays showing all the plans associated with the previously selected insurance company (**Blue Cross**):

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```

1 4888 STATE MERIT - SMS2149100
2 4888 PROCTOR GAMBLE (RET) - 9012702
3 4888 BURKE COUNTY - GA10116002
4 4888 LICHTENBERG&CO INC - 1000567000
5 4888 POLLARD LUMBER CO. - GA21835001
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
6 4888 FLEXPLUS - IP09051006
7 4888 AUGUSTA SPORTSWEAR - 1001078001
8 4888 MATTEL,INC - 1001866000
9 4888 BURKE CTY EMA - 10116
10 4888 AUGUSTA RICHMOND CTY - 1005352001
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-10: 10

```

3) Select the plan.

Enter: (1-N) corresponding to the desired Group Plan.

The following screen displays showing the group insurance plan selected (**Augusta Richmond City**) along with the information about the selected insurance company (**Blue Cross**). If the group plan (**Augusta Richmond**) has been matched to a pharmacy plan, it will display in the Pharmacy Plan column (**Blue Cross BL**).

```

ePharm Plan Match      Mar 18, 2004@11:34:26      Page: 1 of 1
All Plans for: BLUE CROSS      Phone: 1-800-241-7475
      13 MAIN STREET      Precerts: 1-800-241-7475
      AUGUSTA, GA
  Group Name  Group Number  Type of Plan  Pharmacy Plan  Rx Covrd
1 AUGUSTA RICHMON 1005352001  HEALTH MAINT  BLUE CROSS BL  YES

Enter ?? for more actions
Add/Edit Pharmacy Plan      Delete Pharmacy Plan
Select Action:Quit// A Add/Edit Pharmacy Plan
Select PLAN ID: BLUE CROSS

```

4) Select Action: A to add/edit the pharmacy plan (**Blue Cross BL**) or
D to delete the pharmacy plan from the selected payer (**Blue Cross**)

After choosing the A option:

5) Select Plan ID: This field can be completed by entering either the

- NAME of the pharmacy plan or
- VA National Plan ID or
- BIN or PCN of the pharmacy plan.

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The following screen displays listing all plans associated with the data entered at the Plan ID prompt (**Blue Cross**) on the previous screen.

```

Select PLAN ID: BLUE CROSS
 1 BLUE CROSS VA102727 BLUE CROSS 600428 01890190
 2 BLUE CROSS BLUE SHIELD ALA 51 VA97826 BLUE CROSS BLUE SHIELD ALA
51 TEST 004915 BCBSALTEST
 3 BLUE CROSS BLUE SHIELD CONNECT VA98039 BLUE CROSS BLUE SHIELD CONN
ECTICUT 610575 00900000
 4 BLUE CROSS BLUE SHIELD OF ALAB VA103287 BLUE CROSS BLUE SHIELD OF
ALABAMA 004915 HDN
 5 BLUE CROSS BLUE SHIELD OF ARIZ VA99564 BLUE CROSS BLUE SHIELD OF A
RIZONA 603017 BAZ TQC
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 4 VA103287 BLUE CROSS BLUE SHIELD OF ALABAMA 004915 HD
N
Enter RETURN to continue or '^' to exit:
  
```

6) Select the Plan: Enter line #: (1-N) corresponding to the desired pharmacy plan.

Enter RETURN to continue or '^' to exit: Enter RETURN

The following screen displays showing the pharmacy plan matched to the group plan.

```

ePharm Plan Match      Mar 18, 2004@11:42:36      Page: 1 of 1
All Plans for: BLUE CROSS      Phone: 1-800-241-7475
    13 MAIN STREET      Precerts: 1-800-241-7475
    AUGUSTA, GA
Group Name      Group Number      Type of Plan      Pharmacy Plan      Rx Covrd
1 AUGUSTA RICHMON 1005352001      HEALTH MAINTENANCE BLUE CROSS BL      YES

Enter ?? for more actions
Add/Edit Pharmacy Plan      Delete Pharmacy Plan
Select Action :Quit ///
  
```

After choosing the A option to add/edit a plan, the user may choose to enter the BIN/PCN of the pharmacy plan instead of the name of the pharmacy plan. If no Plan ID is entered, the user will be prompted for the unique BIN/PCN combination for the Pharmacy Plan.

7) Select Plan ID: Enter the BIN/PCN unique to the pharmacy plan.

The following screen displays which shows the pharmacy plan (**BCBS AL**) associated with the entered BIN/PCN.

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Select PLAN ID:

Select PLAN BANKING IDENTIFICATION NUMBER: **004915**

PROCESSOR CONTROL NUMBER (PCN): **HDN**

004915 HDN VA103287 BLUE CROSS BLUE SHIELD OF ALABAMA 004915 HDN

Enter RETURN to continue or '^' to exit:

Enter RETURN to continue or '^' to exit: Enter RETURN to match the Pharmacy Plan displayed and return to the Group Plan List.

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4.2 Match Multiple Group Plans to a Pharmacy Plan

The Match Multiple Group Plans to a Pharmacy Plan [IBCNR GROUP PLAN MATCH] option provides the functionality to allow the user to first select a National Pharmacy Plan and match multiple group insurance plans simultaneously, without having to exit and re-enter the screen repeatedly.

1) From the e-Pharmacy Menu Select:

MMGP: Match Multiple Group Plans to a Pharmacy Plan option

Select: Pharmacy Plan.

The user has two lookup options to select a Pharmacy Plan

- 2) Select Plan ID: This field can be completed by entering either the
- NAME of the pharmacy plan or
 - VA National Plan ID or
 - BIN or PCN of the pharmacy plan.

The following screen displays a list of all plans associated with the data entered at the Plan ID prompt (**Ohio**) on the previous screen.

```
Select PHARMACY PLAN: Ohio
 1 OHIO BUREAU FOR CHILDREN WITH VA89014 OHIO BUREAU FOR CHILDREN WI
TH HANDICAP 009687 P015009687
 2 OHIO BWC WORKERS COMP VA88064 OHIO BWC WORKERS COMP 610084
DRWOPROD
 3 OHIO DURABLE MEDICAL EQUIPMENT VA87900 OHIO DURABLE MEDICAL EQUIPM
ENT 004766 OHDME
 4 OHIO EDISON VA84651 OHIO EDISON 610029 NRGE
 5 OHIO MEDICAID VA82565 OHIO MEDICAID 009679 P014009679

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 2 VA88064 OHIO BWC WORKERS COMP 610084 DRWOPROD
```

3) Select the Plan: Enter line #: (1-N) corresponding to the desired pharmacy plan

The user may choose to enter the BIN/PCN of the pharmacy plan instead of the name of the pharmacy plan. If no Plan ID is entered, the user will be prompted for the unique BIN/PCN combination for the Pharmacy Plan.

4) Select Plan ID: Enter the BIN/PCN unique to the pharmacy plan.

The following screen displays which shows the pharmacy plan (**Ohio BWC Workers Comp**) associated with the entered BIN/PCN.

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Select PLAN ID:

Select PLAN BANKING IDENTIFICATION NUMBER: **610084**

PROCESSOR CONTROL NUMBER (PCN): **DRWOPROD**

610084 DRWOPROD VA88064 OHIO BWC WORKERS COMP 610084 DRWOPROD

Enter RETURN to continue or '^' to exit:

5) Select the Insurance Company:

Enter: Name of the insurance company whose Group Plan files will be matched.

Note: The insurance company must be active in order to be selected.

The following screen displays, listing insurance companies that meet the search criteria.

Select INSURANCE COMPANY: **BLUE CROSS**

1	BLUE CROSS	PO BOX 38151 STATE HEALTH BEN. PLAN	ATLANTA
	GEORGIA	Y	
2	BLUE CROSS	13 MAIN STREET	AUGUSTA GEORGIA Y
3	BLUE CROSS	PO BOX 7728	COLUMBUS GEORGIA Y
4	BLUE CROSS	PO BOX 4055	ATLANTA GEORGIA Y
5	BLUE CROSS	N	

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-5: **2** BLUE CROSS 13 MAIN STREET AUGUSTA GEORGIA Y

6) Select Insurance Company: Enter line #: (1-N) corresponding to the desired insurance company

The system searches the Group Insurance Plan File and identifies the groups associated with the selected insurance company and displays those groups that meet the following criteria:

1. Group must be linked to the insurance company selected
2. Group must be Active.
3. Group must have pharmacy plan coverage with a status set to Covered.

The following screen displays, listing the pharmacy plan (**Blue Cross**) and the selected insurance company (**Blue Cross**) and listing all additional group plans that met the search criteria

VHA e-Pharmacy Insurance Processing Maintenance Functions

Match Group Plan to Pharm Plan Mar 16, 2004@15:17:02 Page: 1 of 5

FOR PHARMACY PLAN: BLUE CROSS - VA102727

BIN: 600428 PCN: 01890190 STATUS: National Active /Local Active

FOR INSURANCE COMPANY: BLUE CROSS

Group Name	Group Number	Grp/Plan Type	Pharmacy Plan
1 ALBANY HOUSING	GA21640001	COMPREHENSIVE	
2 AMCOR INCORP	1006177-000	HEALTH MAINTENANCE	
3 ASSOC PROVIDER	1008322000	PREFERRED PRO	
4 AT&T HMO	1000532	HEALTH MAINTENANCE	
5 AUG-RICH CTY CO	1005352073	HEALTH MAINTENANCE	
6 AUG-RICHMOND CT	1005352061	PREFERRED PRO	
7 AUGUSTA RICHMOND	1005352001	HEALTH MAINTENANCE	
8 AUGUSTA SPORTSW	1001078001	HEALTH MAINTENANCE	
9 AVONDALE MILLS	11427	PREFERRED PRO	
10 BEN HILL BOC	1003494000	PREFERRED PRO	
11 BURKE COUNTY	GA10116002	HEALTH MAINTENANCE	
12 BURKE CTY EMA	10116	POINT OF SERVICE	
13 CDI	QCT362	COMPREHENSIVE	
14 COLUMBIA AUGUST	M000592001	HEALTH MAINTENANCE	

+ Enter ?? for more actions

Add/Edit Pharmacy Plan Delete Pharmacy Plan
Selection Action: Next Screen// **ADD** Add/Edit Pharmacy Plan

Select Group Plan(s): (1-14): **1-5**

OK to Continue? : (Y/N): NO//

7) Selection Action:

Enter ADD to add a pharmacy plan to a group
Enter: DELETE to remove a pharmacy plan that has already been
 associated to a group plan.

8) Select Group Plan(s):

Enter: A list or range of numbers, e.g., 1, 3, 5 or 2-4, 8 from the group
 plans displayed.

9) OK to Continue? : [Y/N]

Enter: Yes to complete the Add or Delete process
. Enter: NO to halt the Add or Delete process and return to select prompt.

The following screen displays a list of the group names for the range of numbers selected from the pharmacy plan.

VHA e-Pharmacy Insurance Processing Maintenance Functions

Match Group Plan to Pharm Plan Mar 16, 2004@15:17:02 Page: 1 of 5

FOR PHARMACY PLAN: BLUE CROSS - VA102727

BIN: 600428 PCN: 01890190 STATUS: National Active /Local Active

FOR INSURANCE COMPANY: BLUE CROSS

Group Name	Group Number	Grp/Plan Type	Pharmacy Plan
1 ALBANY HOUSING	GA21640001	COMPREHENSIVE	BLUE CROSS
2 AMCOR INCORP	1006177-000	HEALTH MAINTENANCE	BLUE CROSS
3 ASSOC PROVIDER	1008322000	PREFERRED PRO	BLUE CROSS
4 AT&T HMO	1000532	HEALTH MAINTENANCE	BLUE CROSS
5 AUG-RICH CTY CO	1005352073	HEALTH MAINTENANCE	BLUE CROSS
6 AUG-RICHMOND CT	1005352061	PREFERRED PRO	
7 AUGUSTA RICHMOND	1005352001	HEALTH MAINTENANCE	
8 AUGUSTA SPORTSW	1001078001	HEALTH MAINTENANCE	
9 AVONDALE MILLS	11427	PREFERRED PRO	
10 BEN HILL BOC	1003494000	PREFERRED PRO	
11 BURKE COUNTY	GA10116002	HEALTH MAINTENANCE	
12 BURKE CTY EMA	10116	POINT OF SERVICE	
13 CDI	QCT362	COMPREHENSIVE	
14 COLUMBIA AUGUST	M000592001	HEALTH MAINTENANCE	

+ Enter ?? for more actions

Add/Edit Pharmacy Plan

Delete Pharmacy Plan

Selection Action: Next Screen//

At the Select Group Plan(s) prompt, standard VistA list manager operations apply.

The following actions are also available:

+ Next Screen	< Shift View to Left	PS Print Screen
- Previous Screen	FS First Screen	PL Print List
UP Up a Line	LS Last Screen	SL Search List
DN Down a Line	GO Go to Page	ADPL Auto Display(On/Off)
> Shift View to Right	RD Re Display Screen	Q Quit

VHA e-Pharmacy Insurance Processing Maintenance Functions

4.3 Match Test Payer Sheet to a Pharmacy Plan

Payer sheets are provided by payers to identify the data element content and transaction formatting required for electronic NCPDP claims submissions. The payer sheets are first built into the WebMD (the clearinghouse used by VHA) computer system, then downloaded from WebMD to VHA, then to the various VHA sites.

User testing will be required anytime a new payer sheet is introduced or a currently existing payer sheet changes.

The Match Test Payer Sheet to a Pharmacy Plan [IBCNR TEST PAYER SHEET MATC H] option allows the user to manually override the current payer sheet, which is linked to a particular pharmacy plan, with a different payer sheet. When the test payer sheet is activated, it is then tested by transmitting claims for adjudication in the production environment. Then any problems noted for the test claims must be resolved.

Once testing is successfully completed, the current payer sheet will be updated via an HL7 transmission and the test payer sheet must be removed from the pharmacy plan.

- 1) From the e-Pharmacy Menu:

Select MTPS: Match Test Payer Sheet to a Pharmacy Plan

- 2) Select Plan ID:

Enter: Pharmacy plan name or
VA National Plan ID

The following screen displays, listing all plans associated with the Plan ID entry (**Ohio**)

```
Select PLAN ID: Ohio
1 OHIO BUREAU FOR CHILDREN WITH VA89014 OHIO BUREAU FOR CHILDREN WI
TH HANDICAP 009687 P015009687
2 OHIO BWC WORKERS COMP VA88064 OHIO BWC WORKERS COMP 610084
DRWOPROD
3 OHIO DURABLE MEDICAL EQUIPMENT VA87900 OHIO DURABLE MEDICAL EQUIPM
ENT 004766 OHDME
4 OHIO EDISON VA84651 OHIO EDISON 610029 NRGE
5 OHIO MEDICAID VA82565 OHIO MEDICAID 009679 P014009679

Press <RETURN> to see more. '^' to exit this list. OR
CHOOSE 1-5: 2 VA88064 OHIO BWC WORKERS COMP 610084 DRWOPROD
```

- 3) Select the pharmacy plan

Enter: Line#: (1-N) corresponding to the desired pharmacy plan

VHA e-Pharmacy Insurance Processing Maintenance Functions

If no Plan ID is entered, the user will be prompted for the unique BIN/PCN combination for the Pharmacy Plan.

- 4) Select Plan ID: Enter the BIN/PCN unique to the pharmacy plan

The following screen display shows the pharmacy plan (**OHIO BWC WORKERS COMP**) associated with the previously entered BIN/PCN

```
Select PLAN ID:
Select PLAN BANKING IDENTIFICATION NUMBER: 610084
PROCESSOR CONTROL NUMBER (PCN): DRWOPROD
610084 DRWOPROD VA88064 OHIO BWC WORKERS COMP 610084 DRWOPROD

Enter RETURN to continue or '^' to exit:
```

Enter RETURN to continue

- 5) Select: Pharmacy Plan for this BIN/PCN combination to access the ePharm Test Payer Sheet List.

The following screen display lists detailed information about the selected pharmacy plan (**OHIO BWC WORKERS COMP**), along with any test payer sheets that are currently linked to the pharmacy plan (**BILLING, REVERSAL, REBILL**).

If no test payer sheets are currently linked, the system will display NOT FOUND.

```
ePharm Test Payer Sheets  Dec 31, 2003@11:14:55  Page: 1 of 1
FOR PLAN: VA88064 - OHIO BWC WORKERS COMP
PBM: 1  BIN: 610084  PCN: DRWOPROD
STATUS: National Active /Local Active

Transaction Code  Test Payer Sheet Name
1  BILLING (B1)    NOT FOUND
2  REVERSAL (B2)   NOT FOUND
3  REBILL (B3)     NOT FOUND

Enter ?? for more actions
Add/Edit Test Payer Sheet      Delete Test Payer Sheet
Select Action://Quit// A  Add/Edit Test Payer Sheet
Select Transaction Code(s): (1-3): 1
```

- 6) Select Action: A to add a Test Payer Sheet or
D to remove a Test Payer Sheet already associated to a pharmacy plan.
- 7) Select the Transaction Code: Enter the line #: (1-N) corresponding to the transaction code type to override with a test payer sheet

VHA e-Pharmacy Insurance Processing Maintenance Functions

- 8) Select BPS NCPDP FORMATS Record Format Name:
This is the Payer Sheet lookup.

Enter: Name of payer sheet to be tested (**ADV**)

The following screen displays a listing of all payer sheets associated with the previously entered **ADV**.

Select BPS NCPDP FORMATS Record Format Name: Select BPS NCPDP FORMATS Record Format Name: ADV 1 ADVANCED PCS 2 ADVANCEPCS REVERSAL CHOOSE 1-2: 1 ADVANCED PCS Enter RETURN to continue or '^' to exit:

- 9) Select the Payer Sheet: Enter the line #: (1-N) corresponding to the desired payer sheet.

The following screen displays the selected Test Payer Sheet (**ADVANCED PCS**) linked to the Transaction Code (**BILLING B1**) and Test Payer Sheet for the pharmacy plan (**OHIO BWC WORKERS COMP**)

ePharm Test Payer Sheets Dec 31, 2003@11:59:12 Page: 1 of 1 FOR PLAN: VA88064 - OHIO BWC WORKERS COMP PBM: 1 BIN: 610084 PCN: DRWOPROD STATUS: National Active /Local Active <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Transaction Code</th> <th style="text-align: left; width: 90%;">Test Payer Sheet Name</th> </tr> </thead> <tbody> <tr> <td>1 BILLING (B1)</td> <td>ADVANCED PCS</td> </tr> <tr> <td>2 REVERSAL (B2)</td> <td>NOT FOUND</td> </tr> <tr> <td>3 REBILL (B3)</td> <td>NOT FOUND</td> </tr> </tbody> </table> <div style="text-align: center; margin-bottom: 10px;">Enter ?? for more actions</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Add/Edit Test Payer Sheet</td> <td style="width: 50%;">Delete Test Payer Sheet</td> </tr> <tr> <td colspan="2">Select Action://Quit// D Delete Test Payer Sheet</td> </tr> <tr> <td colspan="2">Select Transaction Code(s): (1-3): 1</td> </tr> </table> Enter RETURN to continue or '^' to exit:	Transaction Code	Test Payer Sheet Name	1 BILLING (B1)	ADVANCED PCS	2 REVERSAL (B2)	NOT FOUND	3 REBILL (B3)	NOT FOUND	Add/Edit Test Payer Sheet	Delete Test Payer Sheet	Select Action://Quit// D Delete Test Payer Sheet		Select Transaction Code(s): (1-3): 1	
Transaction Code	Test Payer Sheet Name													
1 BILLING (B1)	ADVANCED PCS													
2 REVERSAL (B2)	NOT FOUND													
3 REBILL (B3)	NOT FOUND													
Add/Edit Test Payer Sheet	Delete Test Payer Sheet													
Select Action://Quit// D Delete Test Payer Sheet														
Select Transaction Code(s): (1-3): 1														

Once a Test Payer Sheet has been linked to a Pharmacy Plan transaction code, it may be removed by choosing Delete at the Select Action prompt and following the process detailed above.

VHA e-Pharmacy Insurance Processing Maintenance Functions

5.0 Add BIN and PCN to Insurance Plans

This process allows users to add BIN and PCN numbers to Insurances at any time. This is not a selectable option on the e-Pharmacy menu, but several modifications to insurance maintenance functions already in use.

- 1) Select the patient
- 2) Select the group plan for which the BIN/PCN will be entered.

```
IBCN INSURANCE BUFFER PROCESS   Process Insurance Buffer
Process Insurance Buffer.....|.....

Insurance Buffer Entry   May 05, 2004@12:14:53   Page: 1 of 3
ARROJO,ROLANDO         000-00-0001   DOB: JAN 2,1961   AGE: 43
    Buffer entry created on 03/14/03 by INTERFACE,IB IIV (eIIV)
    Buffer entry verified on 04/14/03 by WILLIAMS,BILL

Insurance Company Information
Name: PRUDENTIAL INS CO/AMERICA   Reimburse?:
Phone:                            Billing Phone:
    Precert Phone:
    Remote Query From:
Address:

Group/Plan Information
Group Plan?:                    Require UR:
Group Name: TEST PLAN1         Require Amb Cert:
Group Number:                  Require Pre-Cert:
    BIN:
    PCN:
+ Enter ?? for more actions
Insurance Co Edit   Verify Entry   X Exit
All Edit           Patient Policy Edit
Group/Plan Edit    Response Report
Select Action: Next Screen//
Select Action: Next Screen// G Group/Plan Edit
```

```
----- GROUP/PLAN INFORMATION -----
The following data defines a specific Group or Plan provided by an Insurance
Company. This may be either a group plan with many potential members or an
individual plan with a single member.

IS THIS A GROUP POLICY?:
GROUP NAME: TEST PLAN1//
GROUP NUMBER:
BANKING IDENTIFICATION NUMBER:
PROCESSOR CONTROL NUMBER (PCN):
TYPE OF PLAN:
UTILITIZATION REVIEW REQUIRED:
PRECERTIFICATION REQUIRED:
AMBULATORY CARE CERTIFICATION:
EXCLUDE PREEXISTING CONDITION:
BENEFITS ASSIGNABLE:
```

VHA e-Pharmacy Insurance Processing Maintenance Functions

Select OPTION NAME: IBCN PATIENT INSURANCE Patient Insurance Info View/Edit

Patient Insurance Info View/Edit

Select PATIENT NAME: TWALPY,PXXIUXP P 8-9-19 237108905 NO N

SC VETERAN

Enrollment Priority: GROUP 5 Category: ENROLLED End Date:

*** Patient Requires a Means Test ***

Patient's Test dated MAY 29,2000 is MT COPAY EXEMPT. The test date is greater than 365 days old. Please update.

Enter <RETURN> to continue...

3) Enter VP to Edit/View policy information

Patient Insurance Management May 05, 2004@12:16:51 Page: 1 of 1

Insurance Management for Patient: TWALPY,PXXIUXP P T8905

	Insurance Co.	Type of Policy	Group	Holder	Effect.	Expires
1	MEDICARE (WNR)	MEDICARE (M)		PART A	SELF	08/01/84
2	MEDICARE (WNR)	MEDICARE (M)		PART B	SELF	08/01/84

Enter ?? for more actions

>>>

AP Add Policy	EA Fast Edit All	CP Change Patient
VP Policy Edit/View	BU Benefits Used	WP Worksheet Print
DP Delete Policy	VC Verify Coverage	PC Print Insurance Cov.
AB Annual Benefits	RI Personal Riders	EX Exit

Select Item(s): Quit// VP Policy Edit/View

Select Policy(s): (1-2): 1.....

4) Enter PI to change Plan Information

Patient Policy Information May 05, 2004@12:17:06 Page: 1 of 5

Expanded Policy Information for: TWALPY,PXXIUXP P 237-10-8905

MEDICARE (WNR) Insurance Company ** Plan Currently Active **

Plan Information	Insurance Company
Is Group Plan: YES	Company: MEDICARE (WNR)
Group Name: PART A	Street:
Group Number: PART A	City/State:
BIN:	Billing Ph:
PCN:	Precert Ph:
Type of Plan: MEDICARE (M)	
Plan Category: MEDICARE PART A	
Electronic Type: MEDICARE A or B	
Plan Filing TF: WITHIN 1 YR FROM DOS	

Utilization Review Info

Effective Dates & Source

VHA e-Pharmacy Insurance Processing Maintenance Functions

Require UR: Effective Date: 08/01/84

+ Enter ?? for more actions

PI Change Plan Info IC Insur. Contact Inf. CP Change Policy Plan
UI UR Info EM Employer Info VC Verify Coverage
ED Effective Dates CV Add/Edit Coverage AB Annual Benefits
SU Subscriber Update AC Add Comment BU Benefits Used
IP Inactivate Plan EA Fast Edit All EX Exit
Select Action: Next Screen// PI Change Plan Info

5) Enter the BIN/PCN for the group plan (example values assumed)

You can now edit information specific to the PLAN. Remember, updating PLAN information will affect all patients with this plan, if it is a group plan, and not just the current patient.

This plan is currently defined as a Group Plan.

There is more than one subscriber to this Group Plan. The plan cannot be changed to an individual plan.

GROUP PLAN NAME: PART A//
GROUP PLAN NUMBER: PART A//
BANKING IDENTIFICATION NUMBER: 614014
PROCESSOR CONTROL NUMBER (PCN): ZX2
TYPE OF PLAN: MEDICARE (M)//
ELECTRONIC PLAN TYPE: MEDICARE A or B//
PLAN CATEGORY: MEDICARE PART A//
PLAN FILING TIME FRAME: WITHIN 1 YR FROM DOS Replace

Patient Policy Information May 05, 2004@12:17:17 Page: 1 of 5
Expanded Policy Information for: TWALPY,PXXIUXP P 237-10-8905
MEDICARE (WNR) Insurance Company ** Plan Currently Active **

Plan Information	Insurance Company
Is Group Plan: YES	Company: MEDICARE (WNR)
Group Name: PART A	Street:
Group Number: PART A	City/State:
BIN: 614014	Billing Ph:
PCN: ZX2	Precert Ph:
Type of Plan: MEDICARE (M)	
Plan Category: MEDICARE PART A	
Electronic Type: MEDICARE A or B	
Plan Filing TF: WITHIN 1 YR FROM DOS	

Utilization Review Info Effective Dates & Source
Require UR: Effective Date: 08/01/84

+ Enter ?? for more actions

PI Change Plan Info IC Insur. Contact Inf. CP Change Policy Plan
UI UR Info EM Employer Info VC Verify Coverage
ED Effective Dates CV Add/Edit Coverage AB Annual Benefits
SU Subscriber Update AC Add Comment BU Benefits Used
IP Inactivate Plan EA Fast Edit All EX Exit
Select Action: Next Screen//

VHA e-Pharmacy Insurance Processing Maintenance Functions

6) Verify BIN/PCN entered

```
Select OPTION NAME: IBCN INSURANCE CO EDIT   Insurance Company Entry/Edit
Insurance Company Entry/Edit
Select INSURANCE COMPANY NAME: AETNA
  1 AETNA   PO BOX 150409   HARTFORD   CONNECTICUT   Y
  2 AETNA   PO BOX 52121   MINNEAPOLIS   MINNESOTA   Y
  3 AETNA   PO BOX 18040   COLUMBUS   OHIO   Y
  4 AETNA   PO BOX 2245   BLUE BELL   PENNSYLVANIA   Y
  5 AETNA   PO BOX 182843   COLUMBUS   OHIO   Y
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 AETNA   PO BOX 150409   HARTFORD   CONNECTICUT   Y.
```

```
Insurance Company Editor   May 05, 2004@12:18:28   Page: 1 of 8
Insurance Company Information for: AETNA
Type of Company:           Currently Active

      Billing Parameters
Signature Required?: NO      Primary Form Type:
Reimburse?: WILL REIMBURSE   Billing Phone: 1-877-272-6370
Mult. Bedsections: YES      Verification Phone: 1-877-272-6370
Diff. Rev. Codes:           Precert Comp. Name:
One Opt. Visit: NO          Precert Phone: 1-877-272-6370
Amb. Sur. Rev. Code:        Bin Number:
Rx Refill Rev. Code:
Filing Time Frame:          Electronic Type: GROUP POLICY
Type Of Coverage:           Electronic Transmit?: YES-LIVE
Hosp. Provider No.:         Inst Electronic Bill ID: 999
Prof. Provider No.:         Prof Electronic Bill ID: 888
+   Enter ?? for more actions   >>>
BP Billing Parameters   IO Inquiry Office   AI (In)Activate Company
MM Main Mailing Address ID Provider ID Params   CC Change Insurance Co.
IC Inpt Claims Office   PA Payer   DC Delete Company
OC Opt Claims Office   RE Remarks   VP View Plans
PC Prescr Claims Of   SY Synonyms   EX Exit
AO Appeals Office   EA Edit All
Select Action: Next Screen// VP View Plans
```

```
Insurance Plan List   May 05, 2004@12:18:40   Page: 1 of 1
All Plans for: AETNA Insurance Company

# + => Indiv. Plan   * => Inactive Plan           Pre- Pre- Ben
Group Name   Group Number   Type of Plan   UR? Ct? ExC? As?
1 FED RESERVE BANK/N 651856-021-00012 PREFERRED PRO UNK YES UNK YES
2 OHIO BRASS 699820 COMPREHENSIVE YES YES UNK YES
3 FEDERAL RESERVE BA 651856-22-019 COMPREHENSIVE UNK YES UNK YES
4 INACTIVE PATIENTS INACTIVE PATIENTS UNK UNK UNK UNK
5 ESSELTE PENDAFLEX 660483 COMPREHENSIVE UNK YES UNK YES
6 TEXTRON *698386 COMPREHENSIVE UNK YES UNK YES
7 +TESTING 1 1234 UNK UNK UNK YES
8 +TEST PLAN1 39273 UNK UNK UNK YES
9 + CARVE-OUT UNK UNK UNK YES
10 TEST 12435 UNK UNK UNK YES
11 + UNK UNK UNK YES

      Enter ?? for more actions
VP View/Edit Plan   IP (In)Activate Plan
AB Annual Benefits   EX Exit
Select Action: Quit// VP View/Edit Plan
```

VHA e-Pharmacy Insurance Processing Maintenance Functions

Select Plan(s): (1-11): 1.....

View/Edit Plan May 05, 2004@12:18:44 Page: 1 of 3

Plan Information for: AETNA Insurance Company

** Plan Currently Active **

Plan Information Utilization Review Info
Is Group Plan: YES Require UR:
Group Name: FED RESERVE BANK/NY Require Amb Cert:
Group Number: 651856-021-00012 Require Pre-Cert: YES
BIN: 28284 Exclude Pre-Cond:
PCN: H30924 Benefits Assignable: YES
Type of Plan: PREFERRED PROVIDER ORGA
Electronic Type: PPO

Plan Coverage Limitations

Coverage	Effective Date	Covered?	Limit	Comments
----------	----------------	----------	-------	----------

INPATIENT				BY DEFAULT
-----------	--	--	--	------------

+ Enter ?? for more actions

PI Change Plan Info IP (In)Activate Plan

UI UR Info AB Annual Benefits

CV Add/Edit Coverage CP Change Plan

PC Edit Comments EX Exit

Select Action: Next Screen// PI Change Plan Info

This plan is currently defined as a Group Plan.

There is more than one subscriber to this Group Plan. The plan cannot be changed to an individual plan.

GROUP PLAN NAME: FED RESERVE BANK/NY//

GROUP PLAN NUMBER: 651856-021-00012//

BANKING IDENTIFICATION NUMBER: 28284//

PROCESSOR CONTROL NUMBER (PCN): H30924//

TYPE OF PLAN: PREFERRED PROVIDER ORGANIZATION (PPO)

//

ELECTRONIC PLAN TYPE: PPO//

PLAN FILING TIME FRAME:

View/Edit Plan May 05, 2004@12:18:50 Page: 1 of 3

Plan Information for: AETNA Insurance Company

** Plan Currently Active **

Plan Information Utilization Review Info
Is Group Plan: YES Require UR:
Group Name: FED RESERVE BANK/NY Require Amb Cert:
Group Number: 651856-021-00012 Require Pre-Cert: YES
BIN: 28284 Exclude Pre-Cond:
PCN: H30924 Benefits Assignable: YES
Type of Plan: PREFERRED PROVIDER ORGA
Electronic Type: PPO

Plan Coverage Limitations

Coverage	Effective Date	Covered?	Limit	Comments
----------	----------------	----------	-------	----------

INPATIENT				BY DEFAULT
-----------	--	--	--	------------

+ Enter ?? for more actions

PI Change Plan Info IP (In)Activate Plan

UI UR Info AB Annual Benefits

CV Add/Edit Coverage CP Change Plan

PC Edit Comments EX Exit

Select Action: Next Screen//

VHA e-Pharmacy Insurance Processing Maintenance Functions

6.0 Edit Application Switches (MANAGERS/SUPERVISORS)

6.1 Edit HIPAA NCPDP Flag

This flag is considered the “Master Switch” to control all e-Pharmacy NCPDP transactions for a site. It allows a user to stop all electronic pharmacy claim transmissions for all payers for that site. The Edit HIPAA NCPDP FLAG [IBCNR EDIT HIPAA NCPDP FLAG] option may be useful when problems arise such that continued claim submission, before the problem is resolved, becomes counter productive for the site.

Due to the seriousness of halting all claims transmission for the site, a communication protocol to notify all affected parties, must be established and observed at each site before inactivating electronic pharmacy claim submission.

This flag (switch) is delivered in the INACTIVE state. This switch must be activated in order for any NCPDP claims to be processed.

- 1) Select: EHNF from the e-Pharmacy Menu

The following screens display:

Select e-Pharmacy Menu Option: EHNF Edit HIPAA NCPDP FLAG

Edit HIPAA NCPDP ACTIVE FLAG
(master switch to control e-Pharmacy NCPDP transactions)

350.9 IB SITE PARAMETERS File
11.01 HIPAA NCPDP ACTIVE FLAG Field

HIPAA NCPDP ACTIVE FLAG: ?
Enter '1' if the NCPDP interface is active
Choose from:

- 1 Active
- 0 Not Active

HIPAA NCPDP ACTIVE FLAG: ??
This field is used to activate the HIPAA NCPDP interface.

- Choose from:
- 1 Active
 - 0 Not Active

HIPAA NCPDP ACTIVE FLAG: ^

Select e-Pharmacy Menu Option:

- 2) Enter: ? to display help text associated with a user input field.

?? to display extended help text, if defined, associated with a user input field.

^ to return to the previous user input field or menu.

VHA e-Pharmacy Insurance Processing Maintenance Functions

3) Edit HIPAA NCPDP Active Flag

Enter: 1 Active

The following screen displays showing the Active selection:

Select e-Pharmacy Menu Option: EHNF Edit HIPAA NCPDP FLAG

Edit HIPAA NCPDP ACTIVE FLAG
(master switch to control e-Pharmacy NCPDP transactions)

350.9 IB SITE PARAMETERS File
11.01 HIPAA NCPDP ACTIVE FLAG Field

HIPAA NCPDP ACTIVE FLAG: 1 Active

Select e-Pharmacy Menu Option:

Or

4) Edit HIPAA NCPDP Active Flag

Enter: 0 Not Active

The following screen displays showing the Not Active selection:

Select e-Pharmacy Menu Option: EHNF Edit HIPAA NCPDP FLAG

Edit HIPAA NCPDP ACTIVE FLAG
(master switch to control e-Pharmacy NCPDP transactions)

350.9 IB SITE PARAMETERS File
11.01 HIPAA NCPDP ACTIVE FLAG Field

HIPAA NCPDP ACTIVE FLAG: Active// 0 Not Active

Select e-Pharmacy Menu Option:

.
Enter / Return key to accept a default value.

A default value is followed by // (i.e. Default//) and is generally the value on file for the user input field

VHA e-Pharmacy Insurance Processing Maintenance Functions

6.2 Edit NCPDP Processor Application Sub-file

The Edit NCPDP PROCESSOR APPLICATION Sub-file [IBCNR EDIT NCPDP PROCESSOR] option allows the user to activate or inactivate transmission of electronic claims to a selected processor.

- 1) Select: ENP from the e-Pharmacy Menu
- 2) Select NCPDP Processor Name

Enter: Name of the payer or partial name for lookup.

Help (?): Answer with NCPDP Processor Name
Do you want the entire 90-Entry NCPDP Processor List?

The following screens display:

Select e-Pharmacy Menu Option: ENP Edit NCPDP PROCESSOR APPLICATION Subfile

NCPDP PROCESSOR File Inquiry and Edit (E-PHARM)

Select NCPDP Processor Name: ?

Answer with NCPDP PROCESSOR NAME

Do you want the entire 90-Entry NCPDP PROCESSOR List?

Select NCPDP Processor Name: AETNA

NCPDP Processor Name: AETNA

Date/Time Created: JAN 28, 2004@20:43:53

Blocked? No

Application: E-PHARM

Date/Time Created: JAN 28, 2004@20:43:53

Deactivated? No

Date/Time Deactivated:

National Active? Active

Date/Time National Edited: JAN 28, 2004@20:43:53

Local Active? Active

Date/Time Local Edited: JAN 28, 2004@20:43:53

User Edited Local: INTERFACE,IB IIV

AETNA - Local Active?: Active// ?

Choose from:

0 Not Active

1 Active

AETNA - Local Active?: Active// ??

An Application flag, controlled by the local site, indicating if the NCP

DP

Processor is active (electronic transactions permitted).

Choose from:

0 Not Active

1 Active

AETNA - Local Active?: Active// ^

Select NCPDP Processor Name:

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3) Enter: ? to display help text associated with a user input field.

?? to display extended help text, if defined, associated with a user input field.

^ to return to the previous user input field or menu.

/ Return key to accept a default value.

A default value is followed by // (i.e. Default//) and is generally the value on file for the user input field

Note: In the above example screen the default for **AETNA** is locally active

4) Select: 0 Not Active

The following screen displays showing the Not Active selection.

Select e-Pharmacy Menu Option: Edit NCPDP PROCESSOR APPLICATION Subfile

NCPDP PROCESSOR File Inquiry and Edit (E-PHARM)

Select NCPDP Processor Name: AETNA

NCPDP Processor Name: AETNA

Date/Time Created: JAN 28, 2004@20:43:53

Blocked? No

Application: E-PHARM

Date/Time Created: JAN 28, 2004@20:43:53

Deactivated? No

Date/Time Deactivated:

National Active? Active

Date/Time National Edited: JAN 28, 2004@20:43:53

Local Active? Active

Date/Time Local Edited: JAN 28, 2004@20:43:53

User Edited Local: INTERFACE,IB IIV

AETNA - Local Active?: Active// 0 Not Active

Select NCPDP Processor Name:

Select e-Pharmacy Menu Option:

OR

5) Select: 1 Active

The following screen displays showing the Active selection

Select e-Pharmacy Menu Option: ENP Edit NCPDP PROCESSOR APPLICATION Subfile

NCPDP PROCESSOR File Inquiry and Edit (E-PHARM)

Select NCPDP Processor Name: AETNA

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NCPDP Processor Name: AETNA

Date/Time Created: JAN 28, 2004@20:43:53

Blocked? No

Application: E-PHARM

Date/Time Created: JAN 28, 2004@20:43:53

Deactivated? No

Date/Time Deactivated:

National Active? Active

Date/Time National Edited: JAN 28, 2004@20:43:53

Local Active? Not Active

Date/Time Local Edited: APR 20, 2004@15:17:22

User Edited Local: DOE,JOHN M

AETNA - Local Active?: Not Active// 1 Active

Select NCPDP Processor Name:

Select e-Pharmacy Menu Option:

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6.3 Edit Payer Application Sub-file

The Edit PAYER APPLICATION Sub-file [IBCNR EDIT PAYER] option allows a user to “turn on or off” transmission of electronic pharmacy claims to a selected payer. This is a “locally active” flag meaning the user has control of its activation or inactivation. This option may be useful when problems arise with a payer such that continued claim submission, before the problem is resolved, becomes counterproductive for the site.

This file is currently SHARED with the Insurance Identification and Verification (IIV) application and others will likely be added in the future. Deactivating an entry in this file MAY affect more than one application. Therefore, stakeholders using the affected applications must create a communication process before using this function.

- 1) Select: EPAY from the e-Pharmacy Menu
- 2) Select the Payer Name

Enter: Payer Name or VA National Plan ID

Help (?): Answer with NCPDP Payer Name

Do you want the entire 51-Entry Payer List?

Extended Help (??)

The following screen displays:

Select e-Pharmacy Menu Option: EPAY Edit PAYER APPLICATION Subfile

PAYER File Inquiry and Edit (E-PHARM)

Select Payer Name: ?

Answer with PAYER PAYER NAME, or VA NATIONAL ID

Do you want the entire 51-Entry PAYER List?

Select Payer Name: WEBMD

Payer Name: WEBMD

Date/Time Created: JAN 28, 2004@20:39:20

VA National ID: VA100

EDI ID Number - Professional:

EDI ID Number - Institutional:

Application: E-PHARM

Date/Time Created: JAN 28, 2004@20:39:20

Deactivated? NO

Date/Time Deactivated:

National Active? Active

Date/Time National Edited: JAN 28, 2004@20:39:20

Local Active? Active

Date/Time Local Edited: JAN 28, 2004@20:39:20

User Edited Local: INTERFACE,IB IIV

WEBMD - Local Active?: Active// ?

Choose from:

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0 Not Active
1 Active
WEBMD - Local Active?: Active// ??
This field identifies whether the local VA facility is allowing for
electronic interface for this payer and application.

Choose from:
0 Not Active
1 Active
WEBMD - Local Active?: Active// ^

Select Payer Name:

Select e-Pharmacy Menu Option:

3) Enter: ? To display help text associated with a user input field.

?? To display extended help text, if defined, associated with a user input field.

^ To return to the previous user input field or menu.

/ Return key to accept a default value.

A default value is followed by // (i.e. Default//) and is generally the value on file
for the user input field

Note: In the above example screen the default for AETNA is locally active

4) Select: 0 Not Active

The following screen displays showing the Not Active selection:

Select e-Pharmacy Menu Option: EPAY Edit PAYER APPLICATION Subfile

PAYER File Inquiry and Edit (E-PHARM)

Select Payer Name: WEBMD

Payer Name: WEBMD
Date/Time Created: JAN 28, 2004@20:39:20
VA National ID: VA100
EDI ID Number - Professional:
EDI ID Number - Institutional:

Application: E-PHARM
Date/Time Created: JAN 28, 2004@20:39:20
Deactivated? NO
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 28, 2004@20:39:20
Local Active? Active
Date/Time Local Edited: JAN 28, 2004@20:39:20
User Edited Local: INTERFACE,IB IIV

WEBMD - Local Active?: Active// 0 Not Active

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Select Payer Name:

Select e-Pharmacy Menu Option:

OR

5) Select: 1 Active

The following screen displays showing the Active selection:

Select e-Pharmacy Menu Option: EPAY Edit PAYER APPLICATION Subfile

PAYER File Inquiry and Edit (E-PHARM)

Select Payer Name: WEBMD

Payer Name: WEBMD
Date/Time Created: JAN 28, 2004@20:39:20
VA National ID: VA100
EDI ID Number - Professional:
EDI ID Number - Institutional:

Application: E-PHARM
Date/Time Created: JAN 28, 2004@20:39:20
Deactivated? NO
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 28, 2004@20:39:20
Local Active? Not Active
Date/Time Local Edited: APR 20, 2004@16:47:11
User Edited Local: DOE,JOHN M

WEBMD - Local Active?: Not Active// 1 Active

Select Payer Name:

Select e-Pharmacy Menu Option:

VHA e-Pharmacy Insurance Processing Maintenance Functions

6.4 Edit PBM Application Sub-file

The Edit PBM APPLICATION Sub-file [IBCNR EDIT PBM] option allows a user to activate or inactivate the transmission of electronic claims to a selected PBM (Pharmacy Benefits Manager). This is a “locally active” flag meaning the user has control of its setting. This option may be useful when problems arise with a PBM such that the continued claims submission, before the problem is resolved, becomes counterproductive for the site.

- 1) Select: EPBM from the e-Pharmacy Menu
- 2) Select the Pharmacy Benefits Manager Name

Enter: PBM Name

Enter a Pharmacy Benefits Manager (PBM) Name or partial Pharmacy Benefits Manager (PBM) Name for lookup.

Help (?):

Do you want the entire 111-Entry Pharmacy Benefits Manager List?

The following screen displays showing the selected PBM (**AETNA PHAR**):

```
Select e-Pharmacy Menu Option: EPBM Edit PBM APPLICATION Subfile

PHARMACY BENEFITS MANAGER (PBM) File Inquiry and Edit (E-PHARM)

Select Pharmacy Benefits Manager (PBM) Name: ?
Answer with PHARMACY BENEFITS MANAGER (PBM) NAME
Do you want the entire 111-Entry PHARMACY BENEFITS MANAGER (PBM) List?
Select Pharmacy Benefits Manager (PBM) Name: AETNA PHAR

Pharmacy Benefits Manager (PBM) Name: AETNA PHAR
Date/Time Created: JAN 28, 2004@20:29:58

Application: E-PHARM
Date/Time Created: JAN 28, 2004@20:29:58
Deactivated? No
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 28, 2004@20:29:58
Local Active? Active
Date/Time Local Edited: JAN 28, 2004@20:29:58
User Edited Local: INTERFACE,IB IIV

AETNA PHAR - Local Active?: Active// ?
Choose from:
0 Not Active
1 Active
AETNA PHAR - Local Active?: Active// ??
An Application flag, controlled by the local site, indicating if the
Pharmacy Benefits Manager is active (electronic transactions permitted).
```

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Choose from:
0 Not Active
1 Active
AETNA PHAR - Local Active?: Active// ^
Select Pharmacy Benefits Manager (PBM) Name:
Select e-Pharmacy Menu Option:

3) Enter: ? to display help text associated with a user input field.

?? to display extended help text, if defined, associated with a user input field.

^ to return to the previous user input field or menu.

/ Return key to accept a default value.

A default value is followed by // (i.e. Default//) and is generally the value on file for the user input field

4) Select: 0 Not Active

The following screen displays showing the “0 Not Active” selection:

Select e-Pharmacy Menu Option: EPBM Edit PBM APPLICATION Subfile
PHARMACY BENEFITS MANAGER (PBM) File Inquiry and Edit (E-PHARM)
Select Pharmacy Benefits Manager (PBM) Name: AETNA PHAR
Pharmacy Benefits Manager (PBM) Name: AETNA PHAR
Date/Time Created: JAN 28, 2004@20:29:58
Application: E-PHARM
Date/Time Created: JAN 28, 2004@20:29:58
Deactivated? No
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 28, 2004@20:29:58
Local Active? Active
Date/Time Local Edited: JAN 28, 2004@20:29:58
User Edited Local: INTERFACE,IB IIV
AETNA PHAR - Local Active?: Active// 0 Not Active
Select Pharmacy Benefits Manager (PBM) Name:
Select e-Pharmacy Menu Option:

OR

5) Select: 1 Active

The following screen displays showing the “1 Active” selection:

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Select e-Pharmacy Menu Option: EPBM Edit PBM APPLICATION Subfile

PHARMACY BENEFITS MANAGER (PBM) File Inquiry and Edit (E-PHARM)

Select Pharmacy Benefits Manager (PBM) Name: AETNA PHAR

Pharmacy Benefits Manager (PBM) Name: AETNA PHAR
Date/Time Created: JAN 28, 2004@20:29:58

Application: E-PHARM
Date/Time Created: JAN 28, 2004@20:29:58
Deactivated? No
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 28, 2004@20:29:58
Local Active? Not Active
Date/Time Local Edited: APR 20, 2004@17:17:35
User Edited Local: DOE,JOHN M

AETNA PHAR - Local Active?: Not Active// 1 Active

Select Pharmacy Benefits Manager (PBM) Name:

Select e-Pharmacy Menu Option:

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6.5 Edit Plan Application Sub-file

The Edit PLAN APPLICATION Sub-file [IBCNR EDIT PLAN] option allows the user to activate or inactivate the transmission of electronic claims for a selected pharmacy plan. This is a “locally active” flag meaning the user has control of its setting.

This option will be very useful during the Matching Process. The user should inactivate pharmacy plans before linking to ensure that no claims are sent to ECME until the user is ready to test the claims. After the Master Switch is activated the user may want to enable pharmacy plans one at a time to better track and maintain control of claims being transmitted and any related errors.

1) Select: EPLA from the e-Pharmacy Menu

2) Select the Plan ID:

Enter: Plan ID or
Plan Name or
BIN (Banking Identification Number) or
PCN (Processor Control Number)

Enter: “?” to obtain the entire 7239-Entry Plan List?

The following screen displays showing the data for the selected **AETNA** plan:

Select e-Pharmacy Menu Option: EPLA Edit PLAN APPLICATION Subfile

PLAN File Inquiry and Edit (E-PHARM)

Select Plan ID: ?

Answer with PLAN ID, or NAME, or BANKING IDENTIFICATION NUMBER, or
PROCESSOR CONTROL NUMBER (PCN)

Do you want the entire 7239-Entry PLAN List?

Select Plan ID: AETNA VA101526 AETNA 610502 00670000

Plan ID: VA101526

Date/Time Created: JAN 29, 2004@00:26:53

Plan Name: AETNA

Plan Name - Short: AETNA

Payer Name:

Type:

Region: ALL

Pharmacy Benefits Manager (PBM) Name: NONE

Banking Identification Number (BIN): 610502

Processor Control Number (PCN): 00670000

NCPDP Processor Name: AETNA

Enabled?: Yes

Software Vendor ID:

Billing Payer Sheet Name: AETNABI5

Reversal Payer Sheet Name:

Rebill Payer Sheet Name:

Maximum NCPDP Transactions: 4

Test Billing Payer Sheet Name:

Test Reversal Payer Sheet Name:

Test Rebill Payer Sheet Name:

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Press Enter / Return to continue:

Application: E-PHARM
Date/Time Created: JAN 29, 2004@00:26:53
Deactivated? No
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 29, 2004@00:26:53
Local Active? Active
Date/Time Local Edited: JAN 29, 2004@00:26:53
User Edited Local: INTERFACE,IB IIV

VA101526 - Local Active?: Active// ?

Choose from:

- 0 Not Active
- 1 Active

VA101526 - Local Active?: Active// ??

An Application flag, controlled by the local site, indicating if the Plan is active (electronic transactions permitted).

Choose from:

- 0 Not Active
- 1 Active

VA101526 - Local Active?: Active// ^

Select Plan ID:

Select e-Pharmacy Menu Option:

3) Enter: ? to display help text associated with a user input field.

?? to display extended help text, if defined, associated with a user input field.

^ to return to the previous user input field or menu.

/ Return key to accept a default value.

A default value is followed by // (i.e. Default//) and is generally the value on file for the user input field

4) Select: 0 Not Active

The following screen displays showing the “0 Not Active” selection

Select e-Pharmacy Menu Option: EPLA Edit PLAN APPLICATION Subfile

PLAN File Inquiry and Edit (E-PHARM)

Select Plan ID: AETNA VA101526 AETNA 610502 00670000

Plan ID: VA101526
Date/Time Created: JAN 29, 2004@00:26:53
Plan Name: AETNA
Plan Name - Short: AETNA
Payer Name:
Type:
Region: ALL

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Pharmacy Benefits Manager (PBM) Name: NONE
Banking Identification Number (BIN): 610502
Processor Control Number (PCN): 00670000
NCPDP Processor Name: AETNA
Enabled?: Yes
Software Vendor ID:
Billing Payer Sheet Name: AETNABI5
Reversal Payer Sheet Name:
Rebill Payer Sheet Name:
Maximum NCPDP Transactions: 4
Test Billing Payer Sheet Name:
Test Reversal Payer Sheet Name:
Test Rebill Payer Sheet Name:

Press Enter / Return to continue:

Application: E-PHARM
Date/Time Created: JAN 29, 2004@00:26:53
Deactivated? No
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 29, 2004@00:26:53
Local Active? Active
Date/Time Local Edited: JAN 29, 2004@00:26:53
User Edited Local: INTERFACE,IB IIV

VA101526 - Local Active?: Active// 0 Not Active

Select Plan ID:

Select e-Pharmacy Menu Option:

OR

5) Select: 1 Active

The following screen displays showing the “1 Active” selection:

Select e-Pharmacy Menu Option: EPLA Edit PLAN APPLICATION Subfile

PLAN File Inquiry and Edit (E-PHARM)

Select Plan ID: AETNA VA101526 AETNA 610502 00670000

Plan ID: VA101526
Date/Time Created: JAN 29, 2004@00:26:53
Plan Name: AETNA
Plan Name - Short: AETNA
Payer Name:
Type:
Region: ALL

Pharmacy Benefits Manager (PBM) Name: NONE
Banking Identification Number (BIN): 610502
Processor Control Number (PCN): 00670000
NCPDP Processor Name: AETNA
Enabled?: Yes
Software Vendor ID:
Billing Payer Sheet Name: AETNABI5
Reversal Payer Sheet Name:
Rebill Payer Sheet Name:
Maximum NCPDP Transactions: 4

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Test Billing Payer Sheet Name:
Test Reversal Payer Sheet Name:
Test Rebill Payer Sheet Name:

Press Enter / Return to continue:

Application: E-PHARM
Date/Time Created: JAN 29, 2004@00:26:53
Deactivated? No
Date/Time Deactivated:
National Active? Active
Date/Time National Edited: JAN 29, 2004@00:26:53
Local Active? Not Active
Date/Time Local Edited: APR 20, 2004@18:04:01
User Edited Local: DOE,JOHN M

VA101526 - Local Active?: Not Active// 1 Active

Select Plan ID:

Select e-Pharmacy Menu Option:

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7.0 Appendices

Appendix A Payer Web Sites

Insurance Company Name	Website	Insurance Verification	Claims Status	UR Functions	Correspond by E-Mail	Additional Information
Accordia Benefits	www.accordia.com					
Acordia National	www.acordianational.com	X	X			
Aetna	www.aetna.com					
Aetna	www.ecare.com					THIN Online
Aetna	www.webmd.com					
AFGE Health Benefit Plan	www.afge.org					
Agriculture Insurance Administrators	www.cropusainsurance.com					
Agway Insurance Company	www.agwayinsurance.com					
AIG	www.aigdirect.com					
ALIGNIS	www.alignis.com					
Allegiance	www.abpmtpa.com					
Allegiance Benefit Plan	www.iai-tpa.com					
Alliance Health Plan (HMO/PPO/IPA)	www.mamsi.com					
Alliance Insurance Company	www.aic-allianz.com					
Alliance of Community HealthPlan	www.achp.org					
Alliance Regional Health Plans (PPO)	www.nwtexashealthcare.com					
Allied National	www.alliednational.com					
Allmerica Financial	www.allmerica.com					
Alta and One Health Plan	www.gwla.com					
Alternative Health Delivery Systems (HMO)	www.anthem.com					
Alternet/Managed Care Consultants/MCC Health Care Systems (PPO)	www.mccnevada.com					
Altius (formerly Pacificare, Utah)	www.altiushealthplans.com					
Amalgamated Life and Health Insurance Company	www.amalgamatedlife.com					
America First Insurance	www.americafirst-ins.com					
American Community Mutual Insurance Company	www.american-community.com					

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American Continental Life Insurance Company	www.stpaul.com					
American Family Insurance	www.amfam.com					
American Family Life Assurance Company	www.aflac.com					
American Life Assurance Corporation	www.amerpion.com					
American Medical Security	www.eAMS.com					
American National Insurance Company	www.anico.com					
American Pioneer Life Insurance Company	www.amerpion.com					
American Postal Workers (APWU)	www.apwuhp.com					
American Republic	www.webmd.com					
American Republic Insurance Company	www.americanrepulic.com					
Americas Choice Health Plan	www.achonline.com					
Amerihealth	www.amerihealth.com					
Anthem	www.anthem.com	X	X	X		
Anthem (VA)	www.anthem.com	X	X	X		
Anthem Blue Cross Blue Shield	www.anthem.com					See Extended Comment
Anthem Blue Cross Blue Shield	www.anthem-inc.com					
Anthem Blue Cross Blue Shield	www.ecare.com					
APWU (Americal Postal WorkersP	www.apwuhp.com	X	X			
Arkansas Managed Care Organization (PPO)	www.amcoppo.com					
Bankers Fidelity Life Insurance Company	www.atlam.com					
Bankers Life and Casualty Insurance Company	www.bankerslife.com					
Bankers Life and Casualty Insurance Company	www.conseco.com					
Bankers Union Life Insurance Company	www.conseco.com					
Behaviorial Health Systems, Birmingham, AL	www.bhs-inc.com					
Benefit Planners	www.benplan.com					
Benefit Planners	www.benplan.com					
Benefit Systems (HMO), Indianapolis, IN	www.benefit-systems.com					
Benesight	www.benesight.com					
Benicomp Group (Select or Advantage)	www.benicomp.com					
Blue Care Anthem BCBS of Connecticut	www.anthem.com					
Blue Cross Blue Sh ield of TN	www.bcbst.com					Individual numbers, user ID must be associated with VA facility information
Blue Cross Blue Shield	www.webmd.com					

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CA						
Blue Cross Blue Shield IL	www.ecare.com					
Blue Cross Blue Shield MI	www.webdentis.com					
Blue Cross Blue Shield of IL	www.bcbsil.com					
Blue Cross Blue Shield of KC	www.bcbskc.com					
Blue Cross Blue Shield of KS	www.bcbsks.com					
Blue Cross Blue Shield of MN Provider Crossroads	www.providercrossroads.com					Scroll down to the bottom of the page and click "Get information here". There will be a link to the Account Application. The service is free of charge.
Blue Cross Blue Shield of MO Alliance	www.bcbsmo.com					
Blue Cross Blue Shield of MO (Blue Advantage HMO)	www.bcbskc.com					
Blue Cross Blue Shield of MS	www.myaccessblue.com	X	X		X	Application must be completed. Individual user ID and temporary password assigned by VA client administrator.
Blue Cross Blue Shield of MT	www.bcbsmt.com					
Blue Cross Blue Shield of SC	www.southcarolinablues.com					
Blue Cross Blue Shield of WY	www.thor.org/login					
Blue Cross Blue Shield TX	www.ecare.com					THIN Online
CBCA	www.cbca.com					
CBSA (Corporate Benefit Services of America)	www.cbsainc.com					
Central States Funds	www.centralstates.org	X	X			
Cigna	www.benplan.com					
Cigna	www.cigna.com					
Cigna	www.ecare.com					THIN Online
CNA Health Benefits	www.healthbenefitsclub.net/					
CNA Insurance Company	www.cna.com					
Combined Insurance	www.comins.com					
Conseco	www.conseco.com	X	X			
Continental General	www.continentalgeneral.com					
CoreSource	www.trustmarkins.com					
Corporate Benefit Services of America (CBSA)	www.cbsainc.com					
Coventry Health Care (formerly Principal Healthcare Maryland)	www.cvtty.com					
Coventry Health Care of Kansas	www.chewichita.com					
CUNA Mutual Insurance Group Madison WI	www.cunamutal.com					

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Diversified Group Administrators, Canonsburg PA	www.dgatpa.com					
EBC-Midamerica	www.secure.healthx.com	X	X			
Empire BCBS	www.webmd.com					
Empire Blue Cross Blue Shield	www.empirehealthcare.com					
Equitable	www.epstpa.com					
Equitable Life and Casualty Insurance Company	www.equilife.com					
Express Scripts	www.expressscripts.com	X	X			
Federated Mutual Insurance Company	www.federatedinsurance.com					
Fidelity Security Life Insurance Company	www.ftj.com					
Fortis Benefits Insurance	www.fortisbenefits.com					
Fortis Health (formerly Time Insurance Co.)	www.etdbw.com/fh/fortishealth/index.jsp					
Gallagher Benefits	www.gbabenefits.com/indexx.shtml					
GE Financial Assurance	www.gefn.com					
GEHA (Government Employees Hospital Association Plan)	www.encompassonline.com				X	
GEHA (Government Employees Hospital Association Plan)	www.geha.com	X	X			
GEHA (Government Employees Hospital Association Plan)	www.webaccounts.geha.com				X	Access codes not required
Gerger Life Insurance Company	www.gerberlife.com					
GHI	www.ghi.com	X	X			
Gilsbar	www.groupweb.gilsbar.com					Gilsbar, Inc. has been serving employers, affinity groups, insurance companies and individuals, through a variety of services including third-party administration, plan management, and quality insurance products.
Globe Life and Accident Insurance Company	www.globeontheweb.com					
Great American Insurance Company	www.greatamericaninsurance.com					
Great American Reserve/Conseco Insurance Company	www.conseco.com					
Great West Healthcare	www.onehealthplan.com					No eligibility or claims information. Can e-mail inquiry through website. First screen 'guests', next screen select topic 'contact us', next screen select 'Benefit or Plan questions'.
Great West Life Assurance Company	www.gwla.com					
Group Administrators	www.groupadministrators1.com					
Guardian Life Insurance Company of America	www.glic.com					

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Health Risk Management	www.hrmclaim.com					
Healthscope Benefits	www.healthscopebenefits.com					
Highmark Blue Cross Blue Shield	www.highmarkbcbs.com					
HMO Claims	www.ibx.com					
Horizon Blue Cross Blue Shield NJ	www.webmd.com					
Horizon Blue Cross Blue Shield of NJ	www.horizonbcbs.com					
HRM (or CBCA)	www.hrmclaim.com/index.jsp					
Humana	www.ecare.com					
Humana	www.humana.com					Application must be completed. Individual user ID and temporary password assigned by VA client administrator.
Humana	www.webmd.com					
ICON	www.iconba.com					ICON is an experienced and competent Third Party Administrator (TPA) that can provide efficient and friendly claim administration, sound counsel regarding benefit design, and reliable, competitive insurance coverage.
Intermountain Administrators	www.iai-tpa.com					
IOEU (Operating Engineers Health and Welfare Fund)	www.oefunds.com					
John Alden Life Insurance Company	www.etdbw.com/fh/fortishealth/index.jsp					
John Deere Health Care	www.johndeerehealth.com					
John Hancock Mutual Life Insurance Company	www.jhancock.com					
Lutheran Brotherhood Insurance Company	www.thrivent.com					
Magellan Behavioral Health	www.magellanhealth.com/mbh/index.html					
Mail Handlers Benefit Plan	www.mhbp.com					
MBA	www.mba.to					
Medco Health	www.host1.medcohealth.com					
Medical Administration	www.medicaladmin.com					
MetLife	www.metlife.com					
Monumental Life Insurance Company	www.monlife.com					
Mutual Assurance Administrators	www.maa-tpa.com					
Mutual Medical OH	www.ecare.com					
NALC Health Benefit Plan	www.nalc.org/depart/hbp/index.html					
Nippon	www.webmd.com					
Northwest Texas Healthcare System	www.nwtexashealthcare.com					

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One Health Plan	www.onehealthplan.com					
Operating Engineers Health and Welfare Fund (IOEU)	www.oefunds.com					
Oxford Life Insurance	www.oxfordlife.com					
Pacificare	www.webmd.com					
Physicians Mutual Insurance Company	www.pmic.com					
Pioneer Life	www.conseco.com	X	X			
PPO Oklahoma	www.ppooklahoma.com					
Principal Life	www.webmd.com					
Producers Exchange Benefit Services	www.pebsi.com					
Public Employee Health Program	www.pehp.org					
Regence	www.regence.com					
Reliastar	www.reliastor.com					
Reserve National Insurance Company	www.reservenational.com					
Seabury and Smith Marsh Infinity	www.nonprofitresources.com					
Sentry Insurance Company	www.sentry-insurance.com					
Shelter Life Insurance Company	www.shelterinsurance.com					
Spectera	www.spectera.com					
Stamark	www.trustmarkins.com					
Starmark	www.trustmarkins.com					
State Farm Health Insurance	www.statefarm.com					
Tricare AKA Champus	www.mytricare.com					
Trigon Health Keepers	www.trigon.com					
Trustmark Insurance (PPO)	www.trustmarkins.com					
Turstmark Insurance	www.trustmarkins.com					
Union Pacific Railroad	www.uphealth.com					
United American	www.medicalua.com	X	X			Password not Required
United American	www.myuhc.com					
United Healthcare	www.ecare.com					Thin Online
United Healthcare	www.unitedhealthcareonline.com	X	X	X		Application must be completed. Individual user ID and temporary password assigned by VA client administrator.
United Healthcare	www.webmd.com					
USAA Life Insurance Company	www.usaa.com					
Veteran's Life Insurance	www.veteranslife.com					
Wausau Insurance Company	www.wausaubenefits.com	X	X	X		
Web MD	www.webmdenvoy.com					

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						Limited Benefit Information. WEB-TPA, Inc. is a leading national third party administrator focused on improving the administration process for self-funded employers and insurance companies and thereby making life simpler for patients, providers, and payers
Web TPA	www.webtpaes.com					
Wellmark Blue Cross/Blue Shield	www.wellmark.com					
Western Fidelity Insurance	www.conseco.com					
Willis Caroon Insurance Company of Kansas	www.willis.com					
WPPA, INC	www.wppainc.com					

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Appendix B – Payer Telephone Numbers

Insurance Company	Phone Number
AARP	800-227-7789
ADVOCATE HEALTH CARE PARTNERS	847-298-6000
AETNA	800-238-6279
ALLEGIANCE BENEFIT PLAN MANAGEMENT (FORMERLY INTERMOUNTAIN ADMIN)	406-721-2222
AMERICAN REPUBLIC	800-247-2190
ANTHEM BENEFITS ADMINISTRATION	614-880-3522
APWU HEALTH PLAN	800-222-2798
BENEFIT PLANERS	800-368-3653
BENEFIT DESIGN	800-677-7057
CENTRAL STATES	800-323-2190
CONSECO INSURANCE GROUP	800-759-7007
EBMS (EMPLOYEE BENEFIT MANAGEMENT SERVICES)	800-654-8335
FORTIS	800-553-7654
FRA INSURANCE PLAN	800-424-1120
GEHA	800-821-6136
GOLDEN RULE INSURANCE	317-297-4189
GREAT WEST HEALTH CARE	800-854-7309
HARRINGTON BENEFITS	800-654-6208
HEALTHCARE RESOURCES	800-283-0505
HUMANA	800-558-4444
HUMANA INSURANCE	800-558-4444
KOHLER CONNECT	800-456-1675
LONG CLAIM SERVICES	877-449-7614
MEDICAL BENEFITS ADMINISTRATION	800-279-6772
MOAA INSURANCE PLAN	800-247-2192
MUST (MONTANA UNIFIED SCHOOL TRUST)	800-437-8500
NASE (INSURANCE SERVICE CENTER)	888-757-0703
NORTH AMERICAN ADMINISTRATION	615-256-3561
ONE HEALTH PLAN	800-663-8081
PRAIRIE STATES	920-451-7020
STARMARK	847-615-1313
THE INSURANCE COMPANY	888-757-0703
UNITED HEALTHCARE	877-842-3210
UNITED TEACHER ASSOCIATES	888-577-1887
WAUSAU BENEFITS, INC.	800-826-9781
WEA INSURANCE	800-279-4000
WISCONSIN PHYSICIANS SERVICE	800-221-7006
WPS	800-221-7049

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Appendix C – NCPDP Reject Codes

Reject Code	Explanation	Follow-up Responsibility*	How to correct
ØØ	("M/I" Means Missing/Invalid)		
Ø1	M/I Bin	IT	Verify format
Ø2	M/I Version Number	IT	Verify format
Ø3	M/I Transaction Code	IT	Verify format
Ø4	M/I Processor Control Number	IT	Verify format
Ø5	M/I Service Provider Id	OPECC	Verify contract and format
Ø6	M/I Group Number	BUS	Patient Reg, Contact Processor Help Desk
Ø7	M/I Cardholder ID Number	BUS	Patient Reg, Contact Processor Help Desk
Ø8	M/I Person Code	BUS	Patient Reg, Contact Processor Help Desk
Ø9	M/I Birth Date	BUS	Patient Reg, Contact Processor Help Desk
1C	M/I Smoker/Non-Smoker Code	CLIN	
1Ø	M/I Patient Gender Code	BUS	Patient Reg, Contact Processor Help Desk
11	M/I Patient Relationship Code	BUS	Patient Reg, Contact Processor Help Desk
12	M/I Patient Location		
13	M/I Other Coverage Code	BUS	Patient Reg, Verify coverage with patient
14	M/I Eligibility Clarification Code	BUS	Contact Processor Help Desk
15	M/I Date of Service	Rx	Prescription issue date
16	M/I Prescription/Service Reference Number	Rx	
17	M/I Fill Number	Rx	
18	M/I Metric Quantity	Rx/OPECC	
19	M/I Days Supply	Rx/OPECC	
2C	M/I Pregnancy Indicator	CLIN	
2E	M/I Primary Care Provider ID Qualifier		
2Ø	M/I Compound Code		
21	M/I Product/Service ID	Rx	Verify NDC number
22	M/I Dispense As Written (DAW)/Product Selection Code		
23	M/I Ingredient Cost Submitted	Rx	Verify drug file AWP, QTY dispensed
25	M/I Prescriber ID	Rx/IT	Verify prescriber number, i.e. DEA
28	M/I Date Prescription Written	Rx	Verify Issue date and fill date
29	M/I Number Refills Authorized	Rx	
32	M/I Level Of Service		
33	M/I Prescription Origin Code		
34	M/I Submission Clarification Code	CLIN	Use override field to submit/re-submit
35	M/I Primary Care Provider ID	IT	Check format
38	M/I Basis Of Cost	IT	Check set-up
39	M/I Diagnosis Code	CLIN	Use override to submit/re-submit
4C	M/I Coordination Of Benefits/Other Payments Count	BUS	COB not use in use.
4Ø	Pharmacy Not Contracted With Plan On Date Of Service	OPECC	Verify contract and format
41	Submit Bill To Other Processor Or Primary Payer	BUS	Patient Reg, Verify coverage with patient

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5C	M/I Other Payer Coverage Type	BUS	Patient Reg, Verify coverage with patient
5E	M/I Other Payer Reject Count	BUS	
5Ø	Non-Matched Service Provider Id	OPECC	Verify contract and format
51	Non-Matched Group ID	BUS	Patient Reg, Contact Processor Help Desk
52	Non-Matched Cardholder ID	BUS	Patient Reg, Contact Processor Help Desk
53	Non-Matched Person Code	BUS	Patient Reg, Contact Processor Help Desk
54	Non-Matched Product/Service ID Number	RX	Check NDC number
55	Non-Matched Product Package Size	RX	Check Drug file
56	Non-Matched Prescriber ID	RX/IT	Verify prescriber number, i.e. DEA
58	Non-Matched Primary Prescriber	RX/IT	
6C	M/I Other Payer ID Qualifier	BUS	
6Ø	Product/Service Not Covered For Patient Age		non-billable
61	Product/Service Not Covered For Patient Gender		non-billable
62	Patient/Card Holder ID Name Mismatch	BUS	Patient Reg, Contact Processor Help Desk
64	Claim Submitted Does Not Match Prior Authorization	CLIN	Verify prior auth submitted.
65	Patient Is Not Covered	BUS	Patient Reg, Contact Processor Help Desk
66	Patient Age Exceeds Maximum Age	BUS	
67	Filled Before Coverage Effective	BUS	Patient Reg, verify coverage with patient or Processor Help desk
68	Filled After Coverage Expired	BUS	Patient Reg, verify coverage with patient or Processor Help Desk
69	Filled After Coverage Terminated	BUS	Patient Reg, verify coverage with patient or Processor Help Desk
7C	M/I Other Payer ID	BUS	
7E	M/I DUR/PPS Code Counter	CLIN	
7Ø	Product/Service Not Covered	OPECC	non-billable
71	Prescriber Is Not Covered	OPECC	
72	Primary Prescriber Is Not Covered	OPECC	
73	Refills Are Not Covered	RX	
74	Other Carrier Payment Meets Or Exceeds Payable		
75	Prior Authorization Required	CLIN	Submit/re-submit Prior Auth
76	Plan Limitations Exceeded	OPECC	
77	Discontinued Product/Service ID Number	RX	Verify NDC
78	Cost Exceeds Maximum	RX/IT	
79	Refill Too Soon	RX	
8E	M/I DUR/PPS Level Of Effort	CLIN	Use Override to submit/re-submit, see NCPDP PPS codes
8Ø	Drug-Diagnosis Mismatch	CLIN	Contact
81	Claim Too Old	BUS	Consider paper bill
82	Claim Is Post-Dated		
83	Duplicate Paid/Captured Claim		
84	Claim Has Not Been Paid/Captured		
85	Claim Not Processed	IT	Resubmit, verify prescription not deleted, check
86	Submit Manual Reversal		
87	Reversal Not Processed		
88	DUR Reject Error	CLIN	Use Override to submit/re-submit
9Ø	Host Hung Up	IT	If more than 2 days, contact RPMS Support

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91	Host Response Error	IT	If more than 2 days , contact RPMS support
92	System Unavailable/Host Unavailable	IT	If more than 2 days, contact RPMS support
95	Time Out	IT	If more than 2 days, contact RPMS support
96	Scheduled Downtime	IT	
97	Payer Unavailable	IT	If more than 2 days, contact RPMS support
98	Connection To Payer Is Down	IT	If more than 2 days, contact RPMS support
99	Host Processing Error	IT	Do Not Retransmit Claim(s)

* Responsibility code legend:

IT – Information Technology Department

BUS – Business Office

CLIN – Appropriate Clinical Area

Rx – Pharmacy

OPECC – Outpatient Pharmacy Electronic Claims Coordinator

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Appendix D Support Procedures

Issues requiring support should be addressed and/or resolved at the local level by contacting your OPECC (Outpatient Pharmacy Electronic Claims Coordinator) first. If the issue cannot be resolved by the OPECC, then contact your local IRM for assistance. Finally, if assistance is still needed, the IRM should log a NOIS (or Remedy task, whichever is in service), or call the National Help Desk at 888-596-4357 to enter a NOIS (or Remedy) for review and resolution.

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Appendix E – Claims Transaction Flow Diagram

